## Department of Agriculture, Trade and Consumer Protection

Wisconsin Weights and Measures Laboratory

Wisconsin Weights and Measures Laboratory 3601 Galleon Run Madison, WI 53718 (608) 224-4910

Dear Service Company,

Please fill out the attached **Request for Calibration Service** to schedule work with the Weights and Measures Laboratory. When listing the work for calibration, please include the following: company, current address, contact person (name you want on the Calibration Report/Certificate), email address, nominal mass/volume, quantity, serial number(s), construction material, and the manufacturer if known. If the address to where we will send the invoice is different from the address listed in the certificate information box, please specify. Please include any other information you would like to appear on the certificate of calibration, such as due date or technicians associated with the equipment.

Hours of operation are Monday through Friday, 8:00 am - 4:00 pm. If you expect a "one day turnaround", your work must be delivered to the laboratory no later than 9:00 am on the day of your scheduled appointment.

Work must be delivered in "ready for calibration" condition. Mass work should be clean, dry and as close to room temperature as possible when received. During the winter season, do not store your work outside before delivering it to the laboratory for calibration. The equilibration time required will not allow work to be performed in a timely fashion. Please refer to "Submitting Weights and/or Volume Measures" form for more information.

Volume work should be clean, dry, checked for leaks and faulty valves, and have its scale adjustment mechanisms paint free to allow for adjustment. The last requirement is a very common problem that leads to rejection of volume work submitted to the lab.

NOTE: Mass work must meet NIST Handbook 105-1 specifications. Weight Carts must meet NIST Handbook 105-8 specifications. Volume work must meet NIST Handbook 105-3 specifications. LPG work must meet NIST Handbook 105-4 specifications.

All work shipped to the laboratory should be packed securely. We routinely see damage to work submitted due to poor packaging. Assume that damage may occur during shipment – please pack accordingly.

Certificate(s) of calibration along with an invoice will be mailed to the customer in about two (2) weeks from time of calibration.

Thank you for your business.

TR-WM-150 (4/19)



(Optional)

COMPANY NAME

DATE WORK SHIPPED TO LAB - OR-

DELIVERED TO LAB (MM/DD/YY)

WORK PO# - for us to invoice you

## Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Trade and Consumer Protection

**Weights and Measures Laboratory:** 3601 Galleon Run, Madison, WI 53718 Phone: 608/224-4910 Fax 608/224-4912 DATCPMetrologyLab@wisconsin.gov

## **Request For Calibration Service**

**CERTIFICATE INFORMATION** (This information will appear on the certificate)

Wis. Admin. Code § ATCP 92.22(2)

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This form must be completed and received by the laboratory prior to the scheduled time of calibration. Scheduled calibrations may be delayed until the laboratory receives the completed form.

DATE DESIRED FOR RETURN -OR-

SHIPPING PO# - for us to ship back to

PICKUP OF WORK (MM/DD/YY)

you (Optional)

**ADDRESS** 

| E-MAIL   |   |  |  |                 | CITY        |  |           | STATE              | ZIP                |  |
|--|---|--|--|-----------------|-------------|--|-----------|--------------------|--------------------|--|
| Would you like an emailed copy of your certificate(s)? ( Y/N ):  |   |  |  |                 | Y CONTACT P |  |           | PHONE NUME         | PHONE NUMBER ( ) - |  |
| You may request a "due date" to be listed on your certificate (up to 2 years from the date tested). List "due date" interval desired |   |  |  |                 |             |  |           |                    |                    |  |
| INVOICE INFORMATION (This is where the invoice will be mailed)   |   |  |  |                 |             |  |           |                    |                    |  |
| IS INFORMATION SAME AS ABOVE? (Y/N): (SKIP INVOICE INFO IF YES)  |   |  |  |                 |             |  |           |                    |                    |  |
| COMPANY NAME   |   |  |  |                 | CITY        |  |           | STATE              | ZIP                |  |
| E-MAIL   |   |  |  | COMPANY CONTACT |             |  |           | PHONE NUMBER ( ) - |                    |  |
| Item(s) submitted  | em(s) submitted Quantity Information about item(s) submitted (serial number, material, etc. |  |  |                 |             |  |           |                    | naterial, etc.)    |  |
|  |   |  |  |                 |             |  |           |                    |                    |  |
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|  |   |  |  |                 |             |  |           |                    |                    |  |
| Please indicate any additional requests:   |   |  |  |                 |             |  |           |                    |                    |  |
| LABORATORY USE ONLY  | ABORATORY USE ONLY DATE LOGGED IN LO  |  |  |                 |             |  | STATE TES | ST #               |                    |  |
|  |   |  |  |                 |             |  |           |                    |                    |  |